



The Georgia Department of Education
Division for Special Education Services and Supports
State Personnel Development Grant (SPDG)
ASPIRE: Active Student Participation Inspires Real Engagement



ASPIRE Parent Survey

Student Name: _____

Student Name: _____ **Grade** _____

School District _____ **School Name** _____

Your feedback is important to us! Please check the box with the appropriate response to each question below. Remember there are no “wrong” answers.

	<u>Most of the time</u>	<u>Some of the time</u>	<u>Not at all</u>
Were you involved in ASPIRE activities at home with your son/daughter?			
Do you believe that your son/daughter learned something meaningful from participating in ASPIRE?			
	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
Did you learn anything about your son/daughter that you were not aware of prior to participating in ASPIRE?			
Do you feel more confident about your son/daughter's future as a result of their participation in ASPIRE?			
Is there anything that you would like to add about the ASPIRE experience?			

Thank you for your participation in this important parent survey!

Return Parent Survey to:



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